

Application No: _____

SNOC ANTI-DOPING IN SPORTS COMMISSION
Abbreviated Therapeutic Use Exemptions (ATUE)

Please complete all sections. Type or print in block letters

beta-2 agonists by inhalation <input type="checkbox"/>	glucocorticosteroids by <input type="checkbox"/> non-systemic routes *
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* All routes other than orally, rectally, intravenously and intramuscularly. Dermatological glucocorticosteroids do not require a TUE

1. Athlete's Information

Surname:	Given Names:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth (d/m/y):
Address:	
.....	Postcode:
Tel. (Home):.....(Work).....(Mobile).....	
E-mail:	
Sport: Discipline/Position:	
International or National Sport Organization:	

2. Medical information

Diagnosis:
.....
.....

Prohibited substance(s): <u>Generic name</u>	Dose	Route	Frequency
1.			
2.			
3.			
Intended duration of treatment: <i>(Please tick appropriate box)</i>	once only <input type="checkbox"/>	emergency <input type="checkbox"/>	or duration (week/month):

3. Medical practitioner's and athlete's declaration

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the Prohibited List would be unsatisfactory for this condition.

Name & Qualifications:

.....

Medical Speciality:

Address:

Tel.: **Fax:**

E-mail:

Signature of Medical Practitioner: **Date:**

I, certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

Athlete's signature:

Date:

Parent's/Guardian's signature: **Date:**

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

Incomplete or illegible Applications will be returned and must be resubmitted

Please submit the completed form to the Singapore National Olympic Council, and a copy to your NSA. Please also keep a copy for your records.

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